



Bib Data Sheet

CONFIRMATION NO. 7892

<b>SERIAL NUMBER</b> 10/667,966	<b>FILING OR 371(c) DATE</b> 09/23/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 63024.000002
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**APPLICANTS**

Dong Xie, Germantown, MD;  
He Jiang, Rockville, MD;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/412,797 09/24/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
04/26/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

**ADDRESS**

21967

**TITLE**

Peptide derivative fusion inhibitors of HIV infection

<b>FILING FEE RECEIVED</b> 1055	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit